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ETHIOPIA

Reproductive Health/Family Planning (RH/FP) Project

Cooperative Agreement Number: 663-A-00-02-00385-00

**Five Years Project Close-out Report
(October 1, 2002 – September 30, 2007)**

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DEVELOPMENT**

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Collaborative Efforts Between Community Level Health Workers



CHP, HEW, CBRHA and Nurse working together

As it was witnessed by recent Technical Advisory Committee visit to Hosanna zone of SNNP, in all kebeles where the Health Extension Workers (HEWs) are appointed, CBRHAs have been instrumental in bridging the HEW service initiation, including introduction to the community. The CBRHAs and HEWs have started planning together, and in all areas visited, have integrated their service deliveries. The HEWs have started giving Depo Provera to the CBRHA clients (easing the difficult task of CBRHAs referring clients to distance places for injectables).

Community promoter, CBRHA, HEW and nurse (left -to right) at Kela clinic (limu woreda) explaining how they are integrating their activities to Technical Advisory Committee .

Executive Summary

The 2005 Ethiopian DHS indicated that the Total Fertility Rate of the country is 5.4 with 34 percent unmet needs for family planning. Contraceptive security and limited access to formal health services remains a major challenge for the county.

It is in light of these problems and with the aim of improving the lives of the people and the standard of living that Pathfinder International Ethiopia formally opened an office and started its RH/FP program in 1995. The *Ethiopia Family Planning and Reproductive Health Project* was a five years project that has been implemented with the cooperative agreement with USAID and in partnership with 46 implementing partner organizations. The project focused on providing integrated family planning and reproductive health services and improving health care service delivery primarily in the four major regions of the country. Under this project Pathfinder has been working to achieve the eight outcomes as stated under the cooperative agreement with USAID.

Pathfinder International Ethiopia has been carrying out different activities with focus on expanding RH/FP services both at community and facility levels. With regard to improving the health of families especially that of women and children the community based RH agents educate mothers on child health, nutrition, ANC, PNC and delivery by going house to house and using different occasions and refer those seeking the service. Over **6.6 million** children and **2.2 million** mothers received MCH service through referral during the five years project period.

Ensuring the quality and accessibility of Family planning education and service delivery is another major activity of Pathfinder. To this effect PIE has been intervening through community based agents who counsel women on RH/FP and distribute non-clinical family planning methods. The community based agents are linked with about **2,297** referral clinics that are strengthened through supply of commodities training of service providers and upgrading of the facilities. The private franchise is also another service outlet where PIE supports 150 private clinics to provide FP service. About **3.7 million** new FP clients were served and a total of **3.3 million** CYPs generated in the five years project period. The finding of PIE's KAP survey indicated an increase in the CPR (21%) in PIE operational areas than the national figure which is 15 percent.

Evidence based and targeted IE/BCC activity is an integral part of CBRHAs effort to educate the community and bring attitudinal change towards the number and timing of births they want to have in the family. The IE/BCC activity is supplemented with teaching aids such as brochures, cue cards posters and other materials. Using different venues such as public meetings, religious and community gatherings and by going house to house CBRHAs have managed to reach over **38 million** adults and more than **25 million** adolescents (contacts) through RH/FP and ASRH educational messages.

In order to reduce youth and adolescents' vulnerability to sexual and reproductive health problems and to enable them access quality and friendly RH/FP service Pathfinder has initiated youth friendly service in **20** pilot facilities including five university clinics. The YFS sites are linked with youth centers and clubs in their surrounding through referral and ten YFS supporting peer promoters are trained and assigned in each YFS sites. The facilities are currently providing a range of youth friendly RH/FP services such as FP, ANC, PNC, VCT and STI treatment.

Efforts have been made to integrate HIV/AIDS and RH/FP services and education. CBRHAs integrate the issue of HIV/AIDS/STI in their IE/BCC activities and they also refer people for VCT, STI treatment and other related services such as ART and CHBC. In the five years period over **35 million** people were reached through HIV/AIDS prevention messages and **318,459** and **194,809** persons were referred for VCT and STI treatment respectively.

Unsafe abortion and its related complications are found to be the major causes for maternal death in the country. In order to avert this problem PIE has been working at both community level through identification and referral of women for PAC service by CBRHAs and at the facility level by training service providers in PAC service delivery. Over **37,000** women were referred and received PAC service in the project period.

To ensure the quality of RH/FP service provided efforts have been made to strengthen the technical competence of service providers through trainings. Training of Trainers (TOT) on clinic based RH/FP service delivery and CBRHAs basic training was given to **1,014** service providers and IPO officers. These master trainers then trained close to **2,300** clinical service providers on contraceptive technology, PAC, LAFP, STI management etc. Over **10,000** CBRHAs were also given a two weeks intensive training using MOH standard training curriculum. To strengthen the referral linkage between CBRHAs and HEWs training on linkage was given to close to 6,000 health extension workers.

A range of FP methods including long acting and permanent methods and natural family planning methods were also introduced and availed to ensure the FP method choice of clients. In addition to the training of staff about **167** facilities were upgraded, furnished and supplied with essential kits to provide RH/FP services.

Enhancing the capacity of the public sector is essential for effective coordination and implementation of the RH/FP program. Pathfinder established Wereda Advisory Committee in most of the target Weredas which plays important role in planning, follow up of implementation and evaluation of program activities. There are currently **over 200** WACs which are trained and supporting the program. Moreover, Pathfinder facilitated the establishment of strong regional RH forums in the four major regions.

One of the outcomes of the project is to improve community capacity to develop and manage community based health service. In this regard Pathfinder played important role in building the capacity of local implementing partners and the umbrella organization, CORHA. The number of CORHA members has increased from 62 to 97 and it has managed to qualify for direct funding from SIDA for sub-granting to its member organizations.

In order to address gender issues Pathfinder has carried out a range of activities in partnership with regional women associations and EGLDAM. The major achievements include sensitization of over **14 million** community members and major target groups on HTP, training of close to **1,000** community and religious leaders, supporting **112** girls through scholarship, cancellation of over **16,000** early marriages and referral of over **500** fistula cases for repair.

With respect to advocacy and networking Pathfinder has played great role in influencing higher officials and decision makers as well as collaborated with different governmental and non-governmental actors in the area of RH/FP. The experience sharing visits arranged for federal and regional Parliamentarians, officials and influential religious leaders to visit programs of different countries such as Egypt, Tunisia, Iran has significant implication in winning the support of decision makers towards population and RH/FP matters.

In general, Pathfinder surely believes that it has successfully delivered its commitments for the five years RH/FP Project. Pathfinder will continue its efforts in supporting the health sector in Ethiopia, and in particular in delivering quality RH/FP and MNCH services for the country through different new and improved approaches in the coming years.

I. Background

Ethiopia is the second most populous country in sub-Saharan Africa. Available data indicate that the population of Ethiopia increased fourfold between 1900 and 1988. The total population in 1900, which was estimated at 11.8 million took 60 years to double to 23.6 million in 1960. However, it took only 28 years for the population in 1960 to double to 47.3 million in 1988. In 2007, the population of Ethiopia was estimated to be 77.1 million people.

The decades of high fertility rates in Ethiopia have meant ever-increasing numbers of young people, illustrated by the broad base of the age-sex pyramid. Children under age 15 make up 44 percent of the population. The broad base of the population structure is a powerful force for future population growth, as these ever-larger cohorts of young people move into childbearing ages.

As reported by the 2005 Ethiopian Demographic and Health Survey (EDHS, 2005), the Total Fertility Rate is 5.4 children per woman, population growth rate is estimated at 2.7% per year, and CPR is only 15% while the unmet need for family planning is 34 percent. Contraceptive security and limited access to FP services therefore remain to be major challenge. Unrelenting poverty, the low social status of women, low educational levels, chronic food shortages, and periodic famines further exacerbate the vulnerability of communities and households.

Founded in 1957, Pathfinder International believes that reproductive health is a basic human right. When parents can choose the timing of pregnancies and the size of their families, women's lives are improved and children grow up healthier. Pathfinder International provides women, men, and adolescents throughout the developing world with access to quality family planning and reproductive health information and services. Pathfinder works to halt the spread of HIV/AIDS, to provide care to women suffering from the complications of unsafe abortion, and to advocate for sound reproductive health policies in the U.S. and abroad.

The involvement of Pathfinder International in the Family Planning and related activities of Ethiopia is dated back to the 1960s; its early efforts led to the establishment of country's first family planning association. Pathfinder later opened its office in Ethiopia in 1995, thanks to steady funding obtained from USAID for the Ethiopia Reproductive Health/Family Planning (RH/FP) Project, which is described in this report. The organization has also received support for RH/FP activities from a variety of donors, which contribute to the improvement of family health and lives of people, as well as the development of the country. Pathfinder is now working hand in hand with 46 local Implementing Partner Organizations (IPOs)—16 of which were directly funded through this award--as well as government entities to expand access to and quality of RH/FP services to rural Ethiopian populations. .

Pathfinder's *Ethiopia Family Planning and Reproductive Health Project* is the centerpiece of USAID/Ethiopia's investment in RH/FP in the country. Awarded as a five-year cooperative agreement in September 2002, the project focused on providing integrated family planning and selected reproductive health services and improving health care delivery primarily in four regions: Amhara, Oromiya, Tigray and the Southern Nations, Nationalities and Peoples Region (SNNPR). These four regions represent more than 85 percent of Ethiopia's population.

Integrated services with a primary focus on family planning are provided through facility and community based delivery systems.

Partners of the Cooperative Agreement include Johns Hopkins University/Center for Communications Programs (JHU/CCP) and the National Committee on Traditional Practices of Ethiopia (NCTPE), now known under its Amharic acronym as EGLDAM.

Under the cooperative agreement, Pathfinder received its full commitment of \$28,369,584. To complement this program, Pathfinder received additional support from the David and Lucile Packard Foundation primarily to introduce and expand family planning services through a network of private clinics but also to address gender equality issues and improve access to adolescent reproductive health services. Additional funding was received from UNICEF and the Swedish International Development Cooperation Agency (SIDA) for HIV/AIDS care and support activities.

According to the terms of the USAID cooperative agreement, Pathfinder worked towards the following eight outcomes:

1. Health of families at the rural level improved
2. Contraceptive Prevalence Rate increased
3. Post abortion care enhanced
4. HIV/AIDS prevention increased
5. Quality of RH services improved
6. Woreda, zonal, and regional capacity to develop, manage and implement community-based services enhanced
7. Community capacity to develop and manage community-based health services improved
8. Gender issues addressed

In March 2004, the Pathfinder cooperative agreement was amended by USAID/Ethiopia to remove interventions in HIV/AIDS care and support. However, Pathfinder continued to support HIV/AIDS prevention through community- and facility-based counseling, the distribution of condoms, support for in- and out-of-school youth clubs, and referrals for Voluntary Counseling and Testing (VCT) services.

While funding under the RH/FP Program has ended, project activities to continue through a buy-in to Pathfinder's central agreement, the Extending Service Delivery (ESD) Project. Currently all IPOs and government services, including support for the Government of Ethiopia's Health Extension Package (HEP) remain unaffected by the shift in funding; buy-in support is slated to end September 2008.

2. Program implementation

Pathfinder implemented the RH/FP Project through 16 Implementing Partner Organizations (IPOs) and a network of 150 private for-profit clinics to support program efforts in target regions. Two of the IPOs were faith-based organizations, i.e. Ethiopian Evangelical Church Mekan-Eyesus (South Central, Central and North Central Synods) and Ethiopian Kale Hiwot Church. Pathfinder's scope of work was also complemented by and supportive of the Essential

Services for Health (ESHE) project managed under a USAID cooperative agreement with JSI, Inc. and the DELIVER project.

The backbone of Pathfinder's work and hence the project implementation was a broad network of Community-Based Reproductive Health Agents (CBRHAs) who provide RH/FP information at the community level, and maintain referral linkages to fixed government health facilities. CBRH services complement the Government of Ethiopia's efforts to reach underserved populations in rural areas and align with the HSDP II Health Extension Package . Pathfinder's program has supported more than 10,000 CBRHAs in more than 300 woredas (using current administrative structure) in the Amhara, Oromiya, SNNP, Tigray, Benshangule Gumuze, Addis Ababa and Diredawa regions. CBRHAs, with the support of IPOs, worked to increase the use of RH/FP and maternal and child health services through community interaction including house to house counseling and provision of selected FP methods, counseling at religious gatherings, festivals and other community celebrations, market place discussions and the mobilization of women and families to use formal health outreach services. The CBRHAs' focus has been primarily on increased coverage and use of family planning services, though significant attention has been given to the reduction of Harmful Traditional Practices (HTPs), increased use of post abortion care services, childhood immunizations, antenatal care, labor and delivery and postpartum care, household and community sanitation and hygiene, and the reduction of infectious diseases such as malaria.

To strengthen facility-based services, Pathfinder has supported: a) provider training in family planning including Norplant and IUCD insertion and removal, post abortion care, b) facility upgrades and renovations for MCH services; and c) the procurement of equipment and supplies. As well, Pathfinder supplied contraceptives to private sector facilities, CBRHAs (pills and condoms) and has filled gaps where needed in public facilities. Finally, Pathfinder engaged in monitoring and evaluation activities, as follows:

- Pathfinder reviewed and strengthened IPO management information systems. This covered providing technical assistance and logistics support and training staff, including clinic and community-based providers, in record keeping. Improved IPO MIS helped service providers plan and design their community and clinic-based service delivery efficiently, and it generated service statistics to help supervisors and managers track and monitor service coverage. The MIS forms used by IPOs were reviewed and modified to include new activities for each level of service provision.
- The overall impact of the project and the specific results of certain intervention(s) were measured through low-cost, quick, and locally conducted rapid assessment surveys.
- The contribution of the project towards national level impact indicators was examined using data obtained from the Ethiopian Demographic and Health Surveys, which were conducted in 2000 and 2005, respectively. The surveys provided a good opportunity to gauge the contribution of the project towards the national level impact indicators for RH/FP.

Key achievements of the project are presented as follows under the eight outcomes stipulated at the original project proposal.

3. Major Achievements during the Five Years Period

OUTCOME 1: Health of Families at the Rural Level Improved

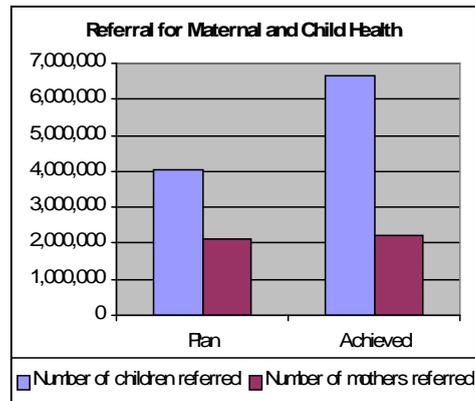
At the onset of the program, Pathfinder intended to ensure maternal and child health services by integrating these elements into the ongoing CBRHA efforts in order to meet the anticipated results under this outcome. It is believed that the use of family planning and other reproductive health services will directly contribute to the impact on child survival and maternal health. When women can choose the timing and spacing of their pregnancies and the size of their families, their lives are improved and their children grow up healthier.

Strengthen integration of maternal and child health services into FP/RH subprojects: Maternal and Child Health (MCH) activities are integrated into the day-to-day activities of the CBRHAs. They educate the community on Antenatal Care (ANC), safe delivery, Postnatal Care (PNC), vaccination, and on proper nutrition. Mothers are referred to health facilities for ANC, delivery, and PNC services while children are referred for immunization and for necessary health care follow-up and treatments for ailments like diarrhea and fever. Much has also been done in the area of strengthening the facility based service through renovation of facilities, supplying of medical equipments and furniture and training of the service providers in the MCH units of referral facilities.

During the last five years, over 6.6 million children received health care service including immunization through referral, and over 2.2 million mothers were referred for maternal health services such as ANC, PNC, delivery and TT immunization. CBRHAs support and participate in the national immunization campaigns by mobilizing the community and assisting health extension workers. When the achievement in maternal and child referral is compared with the plan for the five year period it exceeds the plan by far.

MCH Referrals during the five years

MCH Activities	Plan	Achievement	Percent achieved
Number of children referred	4,044,418	6,644,466	164
Number of mothers referred	2,134,347	2,242,889	105



Expand the capacity and improve the quality of antenatal care, safe delivery and postnatal care: In order to increase the availability and quality of maternal and child care service, strong referral linkages have been created between community level workers and health facilities providing MCH service. Maternal and child health components have also been integrated in the training curriculum of the community based agents; further, all CBRHAs are annually given refresher training apart from the two weeks intensive basic training they get at the beginning of their service. The training include counseling for ANC, prenatal health care and danger signs, maternal nutrition, Prevention of Mother to Child Transmission (of HIV/AIDS) (PMTCT), safe delivery, PNC, newborn health, breastfeeding and Lactation Amenorrhea Method (LAM).

A comparative study conducted in one of Pathfinder's operational areas, East Wellega Zone has demonstrated that antenatal care attendance and TT immunization is significantly higher (73.9% versus 52% for ANC and 69% versus 48% for TTI) in the woredas where there are CBRHAs rather than areas without CBRHAs. This reflects that Pathfinder's community based RH/FP service has greatly contributed in raising the awareness of mothers about maternal and child health, and alerting them to seek the services.

Promote IEC/BCC efforts within the community settings: In order to improve the lives of families especially children and mothers in the underserved rural parts of the country, Pathfinder has been working towards raising the awareness and increasing the health seeking behavior of the community through reaching them with educational messages on the one hand, and increasing access to health service. This emphasizes the importance of creating referral linkages between the community based interventions and facility based maternal and child health services. In addition to MCH, families have been given education on environmental hygiene in which thousands of household latrines were dug with the support of CBRHAs and malaria prevention interventions like filling up water puddles and improving liquid waste disposal methods, which with other preventive efforts at the community level, contributed to the decrease in the impact of malaria in most epidemic areas of the project.

OUTCOME 2: Contraceptive Prevalence Rate Increased

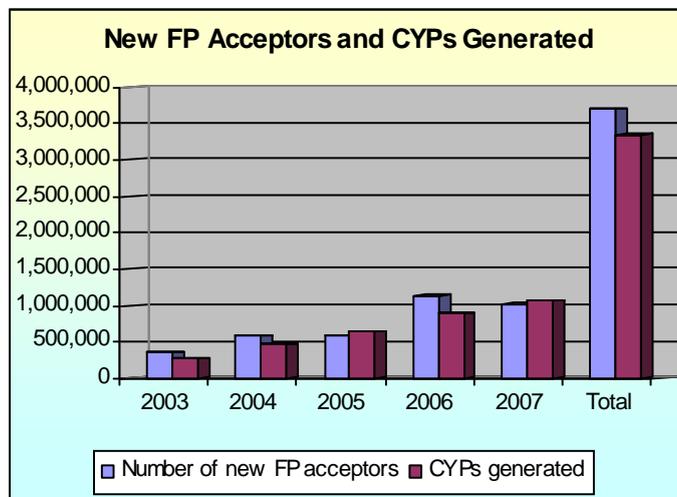
Pathfinder focused its resources on efforts to support, improve, and scale-up FP/RH service delivery using a variety of approaches to increase access to quality services. Community-based reproductive health workers, depot holders, work place agents, and market place agents have been the key voluntary health workers used for the expansion of services at community level. Complementary outreach efforts are also used as one of the key strategies used to strengthen and expand services to the targeted communities. Facility-based services to ensure the availability of long-acting methods and to treat referral clients, and ensuring information on Natural Family Planning (NFP) are also the strategies used to meet the intended results under this outcome.

Support community level FP/RH services; working with CBRHAs, Market Place Agents, Work Place Agents and Depot Holders: Under the community based scheme there were more than 10,000 volunteer CBRHAs who have been trained and deployed to educate and counsel communities on RH/FP issues, distribute non-clinical contraceptives (pills, condoms) and refer those clients who would like a clinical method (e.g., implant, IUCD, injectables) to nearby health facilities. CBRHAs are credible members of the community, as they were selected by the community themselves for their integrity and trustworthiness. They have played a very

important role in expanding the use of modern family planning methods through community based distribution and also through the strong referral linkages they have with government health facilities.

Long serving CBRHAs who have a large number of clients have been supported to become depot holders whereby they open a small kiosk which serve as a point where their clients can come and get FP services. Market place agents (MPAs) and work place agents (WPAs) are other volunteer agents that serve as community based distributors of modern family planning at the market place and in factories and large farms, respectively. Currently there are 255 MPAs and 29 WPAs serving as volunteers. The CBRHAs, MPAs, WPAs and depot holders are strengthened through refresher training, supportive supervision, and regular review meetings and discussions. They are also provided with the necessary educational materials and contraceptive supplies to facilitate their service. They have strong collaborative linkage with Health Extension Workers (HEWs) and in most areas, they plan their activities in consultation with the HEWs and report to them. These community based agents are attached with implementing partner organizations for close supervision and technical assistance; they are linked to 2,297 health facilities, which are currently serving as referral sites.

Over the past five-year, a total of 3.7 million new family planning clients were served through the project’s community distribution and referral outlets. The CYP generated in this time was 3.3 million and it shows increasing trend from year to year. The number of clients that are directly having long acting methods especially implant is increasing over the years due to the training based service delivery activity.



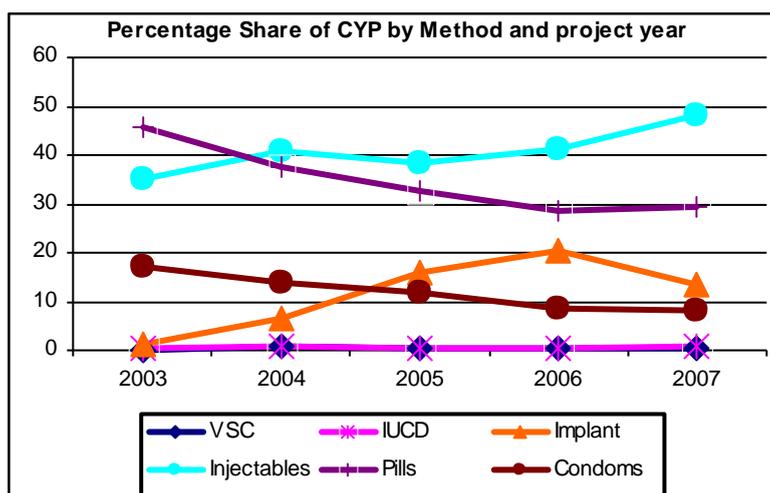
The RH/FP KAP survey conducted by Pathfinder in 2004 in four of the major regions, Tigray, Amhara, Oromia and SNNPR, where Pathfinder operates on a large scale, reflected that the CPR in the project areas is much higher than the findings of both the 2000 and 2005 National DHS Surveys

CPR by Major Regions and Year

Region	Source of Data		
	EDHS 2000	Pathfinder KAP Survey (2004)	EDHS 2005
Amhara	7.5	20.5	16.1
Oromia	6.6	24.1	13.6
Tigray	6.4	26.9	11.9
SNNPR	10.2	17.1	16.5

Support clinic-based FP/RH services: In addition to the community-based intervention, Pathfinder worked to ensure availability and accessibility of facility based RH/FP service. This was done by strengthening the facilities through training of service providers, renovation of FP and MCH wards of health facilities, provision of supplies and equipments and organizing outreach services. Considering the low service coverage in the area of Long Acting Family Planning (LAFP) and the increasing demand for the service at community level, Pathfinder has been working in the expansion of LAFP services in various parts of the country through the training-based service delivery and outreach initiative. The training based service delivery is a combined training and outreach session whereby clinical service providers come together to a site where there is high demand for long acting FP and a facility that can serve as a training venue, get the theoretical and practical training and give the service as part of the training to address the high demand in the area. In one training session one trainee serves 60-70 clients on average. The clients coming to the service are counseled and screened for eligibility before the service and all methods are also made available to ensure that clients are served with method of their choice.

The trend in percentage share of CYPs generated by method indicates that not only has the number of CYP increased during the project period, but there has been an improvement in the method mix as a result of the training given to service providers on long acting and permanent FP methods. CYP from all methods has increased substantially over the years, and the relative contribution of longer-term methods like implants has increased, while the contribution of short-term methods like condoms and pills declined.



The training based service delivery initiative has resulted in an unprecedented increase in LAFP method service delivery, specifically for implant between 2005 - 2006. The decline in percentage share of Norplant in the year 2007 is attributed not to the decline in demand for the method but due to the fact that most training and outreach services were held in 2005-2006 and a relatively less training activity performed in 2007. In addition, turnover of those trained staffs at health facility levels and inadequate supply of equipments for trained staffs may be the prime reasons for such . In spite of this, there is an increase in family planning service intake durin the reporing period.

Reaching the Demand for Long Acting Family Planning – Training Based Service Delivery in East Hararghe

As part of its continuous effort for improving quality and access to FP services, and for keeping up with ever increasing demand for long acting FP methods, Pathfinder’s Regional Offices in collaboration with the respective Regional Health Bureaus and IPOs organized training-based service delivery and followed by outreach services for LAFP service delivery. One such event whereby a considerable number of women (3119) were served was conducted in the East Hararghe Zone of the Oromia Regional State. During their education and counseling sessions CBRHAs educate the community about all modern FP methods including the long acting and permanent methods and register those clients who are interested in using LAFP. During the service based training and outreach sessions the CBRHAs inform the registered clients about the days when the service will be available and help them in getting the service.

The training on LAFP methods using the service-based training approach was carried out between January 15-31, 2007 in Harari region and East Hararghe Zone of the Oromia region using the FMOH curriculum for facility-based family planning and selected reproductive health services. The 31 trainees included 15 Clinical Nurses, 7 Nurse-Midwives, 2 BSC Nurses, 1 Health Officer, 2 graduating class Health Officers, 2 graduating class Nurses and 2 Tutors. During this session a total of 3,119 women were served.



Clients being screened for Service



Service Provider inserting Norplant

Link FP/RH service delivery efforts with the private for-profit sector: The franchise of private clinics is another creative way in which Pathfinder has increased access to RH/RP services. Specifically, Pathfinder has supported private for-profit clinics as a viable service alternative by focusing on quality of care as well as helping to dispel widely held beliefs around private health care. Initially with seed funding from the Packard Foundation and then later as a component of the RH/FP Program, Pathfinder supported training of private sector service providers on RH/FP, maternal and child health, PAC and other reproductive-related services. Private clinics are now evolving as important alternative source of RH/FP services, especially in urban areas, and are also well liked by clients for convenience and provision of quality services. The number of private clinics that are members of the Biruh Tesfa Network, which is the name of group of private clinics working on RH/FP in partnership with Pathfinder, has currently reached 150.

Encouraging the private for-profit sector in long-term contraceptive method delivery



In a marked departure from historic practice, Pathfinder International Ethiopia took advantage of the favorable environment surrounding RH/FP to encourage the private for-profit health sector to grow and contribute to the improvement of the health status of the population. Pathfinder launched the innovative private franchise initiative, Biruh Tesfa, to make RH/FP services available and accessible to the segment of the population using these clinics.

In the past, it was very unusual for the private for-profit sector to get involved in preventive health care, such as family planning services. However, under this initiative 150 private clinics have come to provide quality RH/FP services through well-oriented and trained service providers.



Nurse Nega is documenting the franchise's achievements in FP on a wall chart

Effoyta Medium Clinic is a clinic owned and run by a young nurse named Nega. The clinic is located in a town called Haik, 25 kms north of Dessie town. Nega is very interested in encouraging and helping mothers to space and limit their pregnancies. To improve the quality of service in his clinic he has attended different short-term trainings organized by Pathfinder, one of which was Norplant/IUCD insertion and removal.

With technical and material support from Pathfinder and in collaboration with other IPOs, namely Amhara Development Association (spell out) and Ethiopian Evangelical Church Mekane Yesus-North East Central Synod, Norplant insertion service was provided to 502 women at Effoyta Medium Clinic. These women, most of whom traveled a distance of 25 -55 Kms to get to the service, came from Worebabu and Ambasel Woredas of South Wollo Zone. Since the number of facilities providing the service in the two woredas is very limited, the service was made available to those women who chose the specific method between August 10 to 17, 2005 through a collaborative effort of the clinic head and IPOs working in the area. The service has given comfort and relief for mothers who were waiting for these methods for a long time. Above all it has given the program another opportunity to revitalize the strategic importance of the private for-profit sector in the provision of long-term and permanent contraceptive methods.

Pathfinder will continue to support the training of health workers and the provision of materials required in expanding long-term and permanent methods of Family Planning.

Provide assistance in advocacy: Advocacy is an integral part of Pathfinder's RH/FP program. In order to address policy issues and to influence decisions regarding family planning and population issues, Pathfinder carried out a series of advocacy activities as described below:

- Pathfinder was a sponsor of the reproductive health fair that was carried out from June 30th – July 2nd, 2006 in the capital of the Amhara Regional State of Bahir Dar, with the objective of increasing the regional government commitment in mainstreaming population issues and allocate budget for reproductive health programs, increasing public awareness about RH and build coalition in the process of eliminating harmful traditional practices, particularly early marriage; enhancing partnership among NGOs operating in the region and strengthening the regional reproductive health network.
- Pathfinder organized experience sharing trip to Tunisia from June 4 through 9, 2006 for the Vice President of the Amhara region, the Speaker of the Tigray Assembly, two members of the National Assembly, one from the Women's Affairs sub-committee and another from the Social Affairs sub-committee, one from the Women's Affairs Ministry, the head of the SNNPR regional Finance and Economic Development office, the head of the Oromia Regional Health Bureau, the Deputy Head of the Tigray Regional Health Bureau, and one member from the Oromia Women's Affairs health Bureau to learn from the successful Population and Women's Affairs programs of Tunisia.
- Pathfinder sponsored and facilitated two study tours for delegated higher officials from Oromia and Amhara Regional States to Egypt, and Tunisia, respectively. The visits to Egypt and Tunisia took place from June 9 – 17, 2007, and seven Parliamentarians from Amhara region and six officials from the Oromia region, including the Vice President of the Regional government, the head of the Regional Health Bureau and other high level accompanied by Pathfinder program managers of the respective regions participated. Upon their return the Amhara region parliament approved 3.5 million Ethiopian Birr budget for contraceptive purchase, which was not the case in earlier years. Similarly the Oromia Region parliament also approved 6 million Ethiopian Birr for contraceptives unlike their past experience, which was only 500,000 Ethiopian Birr.
- The MOH minister, his Excellency Dr. Tewodros Adhanom, visited a long acting family planning outreach service delivery program organized by Pathfinder and one of the IPOs (BICDO) in West Shoa Zone, Oromia Regional State. Dr. Tewodros appreciated the support given to the Ministry of Health by Pathfinder International, USAID, BICDO and the other partners and said that such efforts should be expanded to many parts of the country.
- Two in-country experience sharing visits were organized for 20 Federal parliamentarians for the pre-2005 election and the new assembly members. They visited different RH/FP and HIV/AIDS projects and programs that are being implemented in Amhara, Oromia, Tigray and South Regions. Upon their return the two teams presented their observations to the Federal assembly as a whole and in both occasions papers, films and live testimonials were presented to the general assembly on Population and development, on Gender issues, and on harmful traditional practices prevalent in the country.
- Similar RH/FP, Gender and harmful Traditional Practices educational and advocacy sessions were also organized for the Tigray, Amhara, and SNNPR Regional Assemblies and also for Woreda and zonal administrators of Tigray, Amhara and Oromia regions. Participants

promised to fight and end harmful traditional practices in their respective areas, after attending the advocacy sessions.

- Advocacy sessions on RH/FP and harmful traditional practices were also successfully organized for all religious denominations of the Amhara and Tigray regions where religious leaders and representatives from the Regions, zones and woredas were invited for two-day sessions. The religious leaders closed their sessions having taken official stands to support family planning and arrest harmful traditional practices that are dominant in their respective regions.
- Last but not least, experience sharing trip was organized for 7 religious leaders from the Islamic Affairs Council and the Ethiopian Orthodox Church to Egypt, and with Packard Foundations special funding support 5 representatives from the National and Regional Islamic Affairs offices were sent to Iran to visit and learn from the very successful RH/FP program in Iran, also with Packard funding. The organization of the Iran trip was kindly facilitated by the UNFPA office in Iran.
- In addition, during the five year period, 7 films were produced and aired on population and the environment and development, on Harmful Traditional Practices (HTPs) and on HIV/AIDS to educate the public and persuade the decision and policy makers in the public and religious arena.

Provide client-focused IE/BCC: One major objective of the RH/FP program was raising community awareness and changing their attitude towards spacing and limiting the number of children in a family through targeted IE/BCC activities. Related intervention included strong one-on-one interpersonal communication during home visits, which has been instrumental in raising knowledge on RH/FP and encouraging health seeking behaviors among the communities.

CBRHAs, being established and credible members of the community, are very much accepted change agents. They are always in the community to make the most of available opportunities to inform and educate their people. In addition to the interpersonal communication during home visits, they used community gatherings, public meetings, schools, market places and religious festivals to educate community members. In order to facilitate the IE/BCC activities of CBRHAs different materials including cue cards, brochures, and books were prepared and distributed.

In addition to the CBRHA's IE/BCC efforts, mobile audio-visual vans were also used to educate the community about RH/FP issues. A series of dramas and other radio and TV programs were aired to further raise the awareness regarding RH/FP. It was possible to reach over 38 million adults and more than 25 million adolescents through RH/FP and ASRH educational messages during the five year project period.



The first 16 counseling cue cards developed for CBRH agents

Provide FP/RH services to underserved and vulnerable groups-adolescent:

Youth and adolescents are important segments of the population that need special attention and service with respect to RH/FP. Lack of information on RH on one hand and absence of youth friendly RH services in the health facilities on the other hand, combined with social and biological factors are contributing for high risk behavior among adolescents. Pathfinder has been committed to improving sexual and reproductive health of the youth and adolescents by ensuring access to quality Youth-Friendly Services (YFS).

A very important component of Pathfinder's ASRH approach is the initiation of youth friendly RH/FP services in 20 selected health facilities, five of which are campus-based university clinics. After the 20 sites were selected, needs assessment were done to identify what level of upgrading they require and the materials and equipments needed to start service. After the assessment 19 of the facilities were renovated and all 20 were furnished.

Currently 19 of the 20 sites above are offering a wide variety of youth-friendly RH/FP services, including family planning, pregnancy test, ANC, PNC, VCT, STI diagnosis and treatment and other health services. Orientation sessions were organized to sensitize the community as well as those working in the facilities (including university officials and staff) to YFS, so that they will be aware and give their support.

Posters for introducing the availability of youth friendly service were developed, printed and distributed to youth centers, YFS sites, youth clubs and to IPOs as well. Billboards were also erected in front of the YFS clinics to inform the youth on types of services provided at the facilities.

There are 46 youth centers and 305 in- and out-of-school youth clubs that have been working with IPOs and supported and strengthened to serve the youth. The youth clubs and youth centers have performed different edutainment activities to raise the awareness and change the attitude of the community particularly that of the youth about RH/FP, HIV/AIDS/STI, gender and HTPs etc. Selected youth from youth centers and clubs have been trained as peer promoters so that they can reach their peers with RH/FP information. The youth centers and clubs operating in areas where YFS is being piloted have been linked with the YFS sites where they are expected to educate, counsel and refer youth that need services.

There has been an ASRH radio program broadcasted in two regions (Tigray and SNNPR). The programs were aired in various forms such as short plays, dramas, discussion forums, and interviews with beneficiaries, service providers, IPO personnel, etc. There were listener peer group formed in both areas that discuss issues transmitted each week and share ideas on the different issues transmitted.

Launching of YFS at Enchini Health Center

The Enchini Health Facility in the district of Ada'berga (Oromia) celebrated the inauguration of Pathfinder's first Youth Friendly Service Site on the 5th of March, 2007. Local youth club members came together to entertain the town residents through their music and drama performances as a way to educate and initiate dialogue amongst communities. With the ongoing efforts of Pathfinder partner BICDO (Birhan Integrated Community Development Organization) and the District Health Bureau, adolescents in Enchini are now be able to visit the clinic and get information and service relevant to their sexual and reproductive health needs. The newly renovated section consists of two rooms, one for consultation on RH/FP/HIV/AIDS and the other for waiting, located at the rear of the clinic grounds. The discrete positioning of the rooms ensures the youths feel comfortable and without worry of being seen by elders, relatives and neighbors. Pathfinder has also opened 19 similar youth friendly service provision points in Tigray, Amhara, Oromia and SNNPR.



Opening Ceremony

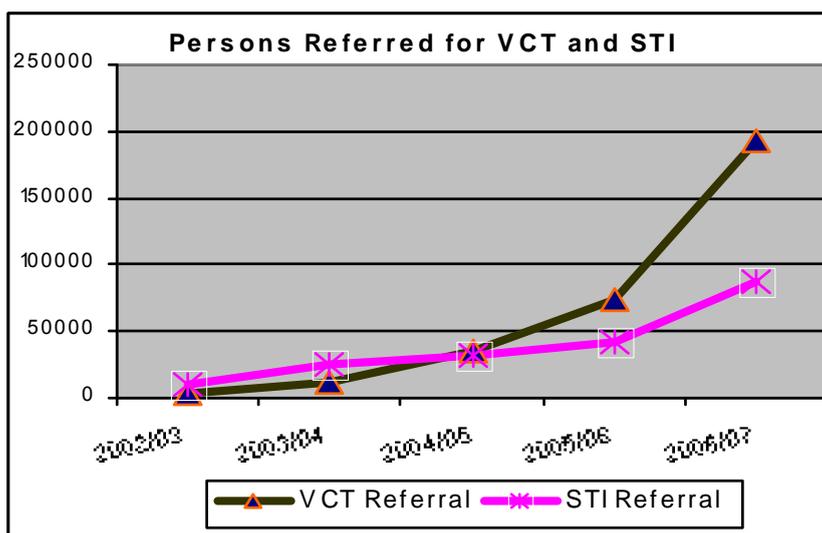


TAC Members visiting Inchini YFS

OUTCOME 3: Community Based HIV/AIDS/STI Prevention, Care and Support Strengthened

The original plan was that the Ethiopia FP/RH Project would combat the spread of STI/HIV/AIDS using a wide range of comprehensive methods, such as prevention, and care and support activities for the infected and affected individuals and families. However, USAID/Ethiopia redirected funding for HIV/AIDS care and support activities as part of its exercise to rationalize support for the Poverty Reduction Strategy of the Government of Ethiopia as well as adjustment necessitated by the mission's response to the Presidential Initiative regarding HIV/AIDS. As a result, Pathfinder was instructed to retain HIV prevention efforts only as part of its integrated RH activities, but without HV/AIDS funds, as of October 01, 2004. With respect to the prevention activities, CBRHAs were oriented in the ABC approach (Abstinence, Be faithful, use Condoms) and played a pioneer role in educating the community by integrating with their RH/FP activities throughout the project period. Subsequently, Pathfinder was awarded a grant from SIDA, which allowed for support of activities related to HIV/AIDS care and support, which bolstered organizational coverage and benefited the RH/FP Program..

Pathfinder implemented tailored strategies at both the community and facility levels to promote safer sexual behavior and contribute to efforts of reducing the spread of HIV/AIDS/STIs in the project areas. As part of their routine RH/FP activities, CBRHAs have integrated elements of HIV/AIDS/STI in their IE/BCC activities and they also refer people for VCT, STI treatment and other related services such as ART and Community Home Based Care (CHBC). The CBRHAs activity has been complemented by outreach education services organized by the Pathfinder regional offices using audio-visual equipped mobile vans. Over 35 million persons were educated on HIV/AIDS/STI prevention in five years time and 318,459 and 194,809 persons were referred for VCT and STI treatment respectively. Close to 46 million condoms were distributed. The fact that CBRHAs have integrated HIV/AIDS education and their strong linkage with health facilities providing VCT and STI treatment has resulted in a sharp increase in referral for VCT and STI management.



OUTCOME 4: Post Abortion Care Enhanced

In Ethiopia unsafe abortion is the number one cause of maternal death, accounting for 32% of all maternal deaths. In a review of KAP studies (ESOG, 2000), the majority of women with a history of abortion do not access the formal health care system; only 16% of women who reported having an abortion ever attended a health facility. Two-thirds of those seeking treatment for incomplete abortions were under age 24, and among this group, knowledge of and access to contraceptives was very low. Under this project, Pathfinder supported both public and private health facilities in the availability and improvement of PAC services, saving many lives by bringing the ability to treat unsafe abortion complications closer to the community. An integral part of the post-abortion care service package is the provision of family planning counseling and services.

Pathfinder intended to expand and improve quality post-abortion care at various clinical service levels to improve access towards comprehensive RH/FP services through IPOs. Creating linkages between community-level activities and referral facilities are some of the key strategies used to increase access to services. Comprehensive RH/FP training curriculum was used to train service providers at participating clinics as part of the ongoing quality improvement efforts.

All community level, providers were trained in identifying cases, related complications, and making referrals for PAC to nearby health facilities and to follow-up with family planning counseling and services. CBRHAs, during their home-to-home visits as well as in mass educational sessions educate the community about the availability of post abortion care service and identify and refer cases having abortion related complications for PAC to facilities providing the service.

There are over 300 health facilities that have been serving as referral sites for PAC and so far 37,718 women with complications of unsafe abortion were referred for PAC. The project benefited from an influx of Pathfinder's private resources, which were used to initiated complementary youth friendly PAC service in 6 YFS sites in order to reduce youth vulnerability to post abortion complications. Service providers were trained for two weeks in YF-PAC and equipments needed for the service was distributed to the five sites.

OUTCOME 5: Quality of RH service Improved

Quality of service plays a significant role in FP/RH service delivery. That is, improvement in the quality of reproductive health service delivery has a demonstrated positive effect on contraceptive use and continuation, as well as improving use of other health services. Some of the key strategies used to meet the expected results under this outcome include provision of high quality training for CBRHAs, improving contraceptive method choice, ensuring that expected standards of practice followed, strengthening the supervisory system of RH services and improving the quality of the services offered through improved client-provider interaction.. Minor facility renovations/upgrading and provision of equipments at selected health facilities in the project's target areas were another way to improve service qualities.

Strengthen provider competence and ensure standards of practice in training and service delivery: Improving technical skills is an essential element in the delivery of quality service. With the expansion of programs both in terms of geographic coverage and program component, skilled service providers must be involved and must have quality training to update their knowledge and to acquaint them with the new skill.

TOT on clinic based RH/FP service delivery and CBRHAs basic training was given to 1,014 service providers and IPO officers. These master trainers then trained close to 2,300 clinical service providers on the topics of RH/FP service provision, long acting and permanent methods of FP, PAC, infection prevention and STI management. This means that a total of 3,314 clinical providers were trained during the project period. The training sessions includes both theoretical sessions and practical hands on the skill training and was given using standard manuals.

Moreover, all CBRHAs (about 10, 0000) were given a two-week basic training course using MOH-approved training curriculum that were developed with technical guidance and financial assistance by Pathfinder. The CBRHAs also receive annual refresher training.

Further, training on basic RH/FP was given to HEWs to increase their capacity in service delivery and they were oriented on referral linkages with community based agents which created smooth working relationship between CBRHAs and HEWs. Pathfinder provided refresher training in RH/FP to close to 2,000 HEWs in the Amhara region, over 2,000 in the Oromia region, 770 in SNNPR, and about 1,200 in Tigray. With USAID funding support pathfinder has also provided furniture to more than 500 health posts in all the four regions, and has provided more than 8,000 bags for health supplies to HEWS in all the four regions

In order to standardize and improve the quality of the different trainings offered, Pathfinder has developed different training modules. Some of the training materials include training guide for primary level workers in PAC, Trainer's guide on application of RH/FP refresher manual, Woreda Advisory Committee (WAC) training manual.

Ensure method availability and information to users: Under this project, Pathfinder promoted a wide range of family planning methods and informed choice through community distribution and functional referral linkages for clinic based services. This included increased access to long acting family planning methods such as implants and IUCD. To be specific, Pathfinder trained over 500 health professionals to offer long acting family planning services.

As another step towards greater method mix, Pathfinder worked with Georgetown University on increasing availability natural family planning methods, namely the Standard Days' Method (SDM) and Lactation Amenorrhea Method. A total of 167 trainers were trained on the NFP methods; they then trained over 10,000 CBRHAs on SDM & LAM so that they could educate and counsel women interested in the methods in their respective community.

Facility Upgrades: With respect to upgrading/renovation, through the five years program a total of 167 health facilities, have been renovated, furnished and provided with medical equipment, essential supplies and kits.

OUTCOME 6: Enhanced woreda, zonal, and regional capacity to develop, manage, and implement community-based services

Functional community-based services depend on effective coordination with, and support from, the woreda, zonal, and regional levels. Efforts were made to foster strong collaborations between IPOs and regional, zonal, and woreda MOH offices around RH/FP activities. In part through its IPOs, Pathfinder has enhanced the capacity of these government offices, particularly at the woreda level, enabling them to undertake joint activities. Indeed, the government's decentralization of activities provided opportunities for woreda-level collaboration. Capacity build through training was one of the key strategies used to capacitate targeted beneficiaries at various levels.

Improve MOH capacity to manage FP/RH services at all administrative levels: In order for the RH/FP program to deliver quality service and attain its end results strengthening the existing health sector as well as create good working relationship with government counterparts was essential. As part of its efforts to create a conducive and enabling environment for project implementation, and for building capacity at different levels (at the community, woreda, zonal, regional, federal levels) in managing community-based health services, Pathfinder carried out the following activities:

Pathfinder established Woreda Advisory Committees (WACs) to facilitate program implementation and to create conducive environment for RH/FP services. Currently numbering 200, the WACs review and give input related to project planning; together with the IPOs, they also monitor and follow-up the community based RH/FP program. Further, they play essential role in recruiting volunteer CBRHAs. The WACs are composed of the Woreda Health Officer who usually serves as secretary to the WAC, the Woreda Administrator who is usually the chairperson, and representatives from Women's Affairs, youth groups, major religious groups, agriculture, education, etc. WAC members meet quarterly to review progress of project activities and plan for the following quarter. Pathfinder developed a WAC training guide and reference manual to strengthen the functionality of the WACs. Similarly some of the IPOs have also established Kebele Advisory Committees (KACs) to play a similar role at the kebele level as do the WACs.

At the regional level, Pathfinder has supported and facilitated the establishment of regional RH fora in the four major regions, with the objective of harmonizing regional RH and overall health programs being implemented by different organizations. Comprised on the various organizations involved in RH/FP such as Intrahealth, Ipas Ethiopia and other stakeholders, these meetings have also made it easy for the regional health bureaus to coordinate the activities of the health partners. The RH forum meets quarterly in some regions and biannually in others. Pathfinder has also enhanced the RH/FP program management and integrated supervision and management of health care capacity of regional and zonal health staff.

Moreover, in some of the project areas Pathfinder builds the capacity of the zonal and woreda health offices by getting them involved directly in implementing integrated community based RH/FP programs in their respective areas. In the Amhara region Pathfinder has signed an agreement and works with five zonal offices in which the Regional office staffs manage 32 woredas covered by the RH/FP project. Likewise Pathfinder works with four zonal offices in

Oromia where the zonal and woreda health staffs manage 15 woreda under the community-based RH/FP project. In addition Pathfinder has signed operational agreements with all the Regional Health Bureaus of the four focal regions and that of the Benishangul-Gumuz. These agreements called for building skills of regional health staff in program management, supervision and quality improvement, as well as upgrading facilities and procurement of medical equipment and needed supplies as well. In the Oromia region alone, 167 health center, 764 clinics and 19 hospitals were provided with medical equipment and supplies.

Pathfinder has worked with over 2,000 government health facilities, all of which have received contraceptive supplies from the USAID-supported commodity budget. This is in addition to the non-clinical contraceptive supplies that have been provided on an on-going basis to the more than 10,000 CBRHAs and marketplace and workplace community distributors.

Capacity building support was also given at federal level. Pathfinder supported the Ministry of Health to be connected with 11 regional offices in Amhara, Oromia, SNNP and Tigray regions through a Wide Area computer network (WAN). Thirteen professionals working in the planning and programming units of the MOH and the different regions (including Afar, Somali and Benishangul) were trained on networking. Computers and related equipments were also supplied to MOH for the purpose of connecting with Regional Health Bureaus.

OUTCOME 7: Improved community capacity to develop and manage community-based health services

Long-term sustainability of community-based health services depends on the readiness and capacity of local level organizations (government, non-government, religious leaders, women's groups, etc.) to support and effectively manage such programs. Pathfinder works with its IPOs, WACs, KACs, CBRHAs and with the Consortium of Reproductive Health Associations (COHRA) to develop that capacity.

Strengthen the capacity of and collaboration with local communities: In collaboration with JHU and the Health Communication Partnership Project, Pathfinder introduced community feedback system in which communities identify their own priority health problems, design data collection tool, assess the situation, and share the findings with members of the community. The pilot program was implemented in two selected areas (East Welega and East Gojam Zones) The result of the community feedback system in the pilot areas, in particular East Welega, revealed that it has helped to involve the community in discussing issues that are of concern to the community, observe the status they are in and devise a solution for positive change.

Strengthen the managerial and technical capacity of the umbrella organization, the Consortium of Family Planning NGOs: Pathfinder provided financial, management, and technical assistance to help CORHA increase the number of its member organizations and support and guide local NGOs that are engaged in implementing RH/FP projects. CORHA's membership rose from 62 during the second year of the project to 91 currently. Pathfinder was instrumental in helping CORHA build its organizational capacity; support for development of its strategic plan to determine its future direction was critical. During the five-year period, CORHA was officially registered with government and set up its own financial management structure,

after having been supported by Pathfinder's finance office over a period of eight years. Consequently, CORHA qualified for direct funding from SIDA, which includes a component for sub-granting to local organizations; Pathfinder gives technical assistance in managing the sub-grant. Also part of its capacity building effort, CORHA organizes and provides a wide variety of trainings for the technical and managerial staff of its member organizations and also organizes experience sharing visits to effective RH/FP program sites.

Strengthen the managerial and technical capacity of implementing partner organizations: In order to enable IPOs to effectively implement the RH/FP activities, Pathfinder strengthened their technical and managerial capacity. Nineteen IPOs were assisted to carryout organizational capacity assessment, 8 IPOs were provided with technical support for systems development, and 16 received support in strategic plan development. Accordingly, 57 board members selected from CORHA member IPOs were trained in good governance and board management, 88 program officers trained in project management, and 63 M&E officers received training in M&E and MIS. In addition, in-country experience sharing visits were organized in collaboration with CORHA so that IPOs could share best practices of better performing RH/FP programs. Bi-annual consultative meeting were also conducted with IPOs to discuss program achievements, share experiences and discuss challenges. Those bi-annual meetings have greatly helped the IPOs to learn from each others' program and experience, and to strengthen communication and collaboration between them. This opportunity resulted in the partners cementing their commitment for RH/FP activities in general and the RH/FP Project in particular.

OUTCOME 8: Gender issues addressed

The Ethiopia RH/FP Project focused on an array of gender issues to improve RH/FP services. Many harmful traditional practices affect women's sexual and reproductive health, rights, and well being, such as Female Genital Mutilation (FGM), early marriage of girls, and abduction of young women, bride price, and widow inheritance. Fortuitous support from the Packard Foundation for women's empowerment initiates neatly dovetailed with this project outcome, which furthered gender sensitization activities.

Pathfinder carried out a wide range of gender related activities together with its partners by enhancing the role of the women associations in implementing trainings on reproductive rights, eliminating HTPs, in popularizing the new penal code against FGM, and in implementing women/girls empowerment programs. It also collaborated with EGLDAM (one of the partners of the project) in preparing different manuals and tools that are used in gender- and HTP-related activities and in coordinating sensitization and training activities.

Address harmful traditional practices and empowering women and girls:

In order to raise the awareness of the communities regarding harmful traditional practices and to culminate the practices, different educational activities have been carried out at community levels. Over 14 million community members and major target groups including kebele officials, prominent persons, youth, women and girls were educated on HTPs, RH/RR and gender based violence. Annually community rallies were also organized in celebrating events such as International Women's Day, anti-FGM day and a day against Gender Based Violence (GBV).

Considering their role, acceptance and influence in the community and to get their support in the effort to eliminate HTPs training was conducted to about 950 religious and community leaders in the different regions of the country. About 400 traditional circumcisers were also trained to be RH cadres abandoning the practice.

Through the school sensitization programs organized in collaboration with the women associations and EGLDAM more than 1.1 million students, teachers and other school communities were sensitized on HTPs, women's rights and gender based violence.

Pathfinder strengthened girls clubs by training members as peer educators, sensitizing them on RH/FP, HTPs and other gender issues and provision of materials that can facilitate their activities. Currently there are 90 school girls' clubs with 164 trained peer educators that are organized and being supported by the women associations in collaboration with Pathfinder.

In order to stop the dropping out of outstanding female students who are from poor families and to encourage them pursue their education, there has been an in-country scholarship program initiated by the project. Currently there are 112 female students that are being provided with support that covers living and educational costs. Over half of the girls who receive scholarship support over a four-year schooling period are young girls whose proposed under-age marriages were cancelled through community action committees.

Role modeling and mentoring programs are organized in schools where by successful women professionals from a similar background go to the rural schools and share their experiences and how they passed through all the challenges and hurdles and seized opportunities to reach where they are now. In 55 such sessions a total of 210,000 female students were addressed in the last two years alone. These motivational and role-modeling sessions inspire the students to have positive aspiration for high level professional careers. Pre and post mentoring session interviews were conducted and the results indicated that most of the interviewed girls have started to aim for high-level professional careers and to do all their best to continue with their education after sharing the experiences of the successful women.

In order to ensure the proper implementation of the legal provisions regarding HTPs and GBV, training was given to 982 law enforcement officials including judges, prosecutors, and police officers on the existing legal provisions to protect women's right and strategic actions that should be taken to stop HTPs and GBV, thanks to funding support from the Packard foundation which is utilized to supplement the USAID funded activities.

Early marriage is a major HTP , particularly in Amhara Region. To assess the causes and consequences of early marriage in Amhara Region, Pathfinder conducted a study; result shows that about 15% of ever-married women are married below the age of 12. To address the problem, Pathfinder and its partners have been working in the cancellation of early marriages by closely working with the legal bodies and supporting influential community members. Through this effort in the last four years, about over 16,000 early marriages were cancelled.

Over 500 fistula victims were identified and referred and received repair service during the project period. The victims were identified during the CBRHAs' home to home visits and the referral and transportation of the patients was facilitated through Pathfinders' regional coordination offices.

Through Thick and Thin

Amhara Region is one of the regions in Ethiopia where early marriage is widely practiced as one of the harmful traditional practices. The culture being deeply rooted, and people of the region being very conservative, makes the task of breaking it, next to impossible.

In the South Gonder Zone of Amhara Region in a place called Debre Tabor is a district named Meskel Tsion. A story of hope and faith unrolls of a couple who lived through thick and thin for almost three decades. They were married for 28 years, 23 years of which they lived through an agonizing time.

Yezab Chekol was only 11 when Takele Admas, who was around 20, married her. They are never certain of their ages as is usually the case in rural Ethiopia. They can only guess the time of their birth by recalling incidents, which happened then as they were told by their parents. At the age of 15 Yezab was pregnant with their first child. She says she was so young that she does not have any clear recollection of what exactly happened. Her husband Takele tells the story of what a difficult pregnancy and delivery it was. Because there was no nearby health facility in Meskel Tsion where they lived, Yezab had a long labor with no medical support and this ended in stillbirth and she suffering from Fistula. She suffered from this condition for 23 - a very long time for someone to live in such shame and loss of dignity.

However, through her over two decades of tribulation what helped her get through was her husband Takele. He stayed with her supporting and helping her in every way he knew how. Unusual as this may be, what was even more touching was his untiring help where he would even host her regular community feasts (which would circulate from house to house each month – called *Mahiber*) if it was Yezab's turn. For Takele, Yezab's condition only strengthened his vow to love and support her so he stayed on and they had six children together despite the fact that she developed fistula during her first pregnancy. Despite his love and care for his wife, for Takele it was not an easy time too because even his own relatives compelled him to leave Yezab because she could no longer be of any use to him. Her own family had even left them. Takele however, lived in faith and hope and this paid off after so long. One fine day while attending church, a Community Based Reproductive Health Agent called Belaynesh Abera was teaching reproductive health and family planning. She gave out information that women suffering from Fistula could get registered to get treatment at the Addis Ababa Fistula Hospital. Takele could not however, believe this information at first because he had tried in so many places and many kinds of treatment but to no avail. Despite his wariness and because of Belaynesh's urging he finally got his wife registered. However, he feared that giving the right information they would not be accepted because they would be told that Yezab has lived with this condition for too long and it was untreatable. So he told them only half the truth; that she has had this condition only for four years and they had only four children. They were accepted and upon acceptance, he took her to Bahir Dar Hospital to the Fistula Hospital and there he had a hard time in trusting to leave her on her own. It took some persuasion to leave her there and go home. He however recalls seeing so many women waiting for treatment at the Hospital. It was only then that he understood that Fistula was not a problem unique to himself.

He realized that so many women silently suffered. Fifteen days later Yezab was back repaired and finally healed. It was hard to believe that the 20 years of tribulation was finally over and they could now lead normal lives. Both their families, which had deserted them, returned to share their joy. Because Takele knows what Fistula could do not only to the woman but to her family and marriage as well, he has now taken it upon himself to help other women with such cases. He has helped two women by sending them to the Fistula Hospital in Addis Ababa for repair by paying their transport cost out of his own pocket. He happily recalls that one has been repaired though the other woman's case was severe and thus, could not be fixed. Today Yezab and Takele know better for their girls who are five and twelve years old. The girls go to school and their parents have no intention of marrying them off before they are old enough to marry the man of their choice.



Takele Admas and Yezab Chekol

A variety of IE/BCC materials and manuals regarding gender issues were produced and distributed in the five years period. This include brochures, posters, and monitoring toolkit with indicators, training manual and trainers' guide, gender mainstreaming manual and a film on GBV and one of HTPs were also produced. These were all used to facilitate the awareness raising and training activities.

Promote gender equity within the Pathfinder/Ethiopia Team: The employment policy of Pathfinder offers equal opportunity during employment as well as promotion based on the individual's performance. Currently the proportion of female employees in responsible positions is 35% of the professional employees of the organization. Gender sensitization and mainstreaming training were also organized to the staff of Pathfinder and IPOs during the second and fifth year of the project so that they would mainstream gender issues in their program

4. Networking and Advocacy

Networking and advocacy are essential for ensuring widespread, sustainable, and solid support for ongoing progress in the area of RH/FP. The following are some of the key achievements made with respect to networking and advocacy issues during the project period.

- **Strategy development:** Pathfinder participated actively in the development of the National RH strategy, adolescent Strategy and development of curriculum for ASRH, all of which were initiated and lead by the FMOH. Pathfinder is also a standing member of the RH Task Force established by the FMOH.
- **Sensitization of the private sector:** An advocacy session was conducted on RH for the private sector, in collaboration with Oromia investment commission in order to sensitize people in the private sector. The event can be considered as a good start for the sector to think about RH/FP issues in relation to population.
- **Best Practices Initiative (IBP) for Ethiopia:** PI/E played a pioneer role in facilitating a series of meetings – with John Hopkins , Bloomberg School of Public Health and AAU in developing working strategies, and in administering operational research. A total of 74 health facilities have been involved in implementing IBP plan of action in the four targeted regions in the country. In addition, 8 out of the total 25 health facilities currently implementing the IBP plan of action in Oromia are implementing VCT with Contraceptive Service Study (VICS) project. This opportunity will help to build the capacity of the health sector in research and identifying issues for policy advocacy.
- **Kokeb Keble Program (KKP)/ Champion Community Program:** The idea of KKP was emulated from Madagascar by the USAID Mission in Ethiopia. Pathfinder played a pioneer role in testing the Champion Community Program approach in Ethiopian, in collaboration with HCP, ESHE, World Learning and USAID. This exercise helped to increase partnership and empowering communities in planning and managing health and education linked activities at grass root/keble levels.

- **Message and guideline development and harmonization initiatives:** Pathfinder participated in the HIV/AIDS and youth message harmonization workshop conducted by HCP in collaboration with the Health Education Centre (HEC) of the FMOH. Pathfinder also participated in RH/FP, messages and national nutrition guidelines development.
- **EPHA annual conferences:** PI/E actively participated and presented technical papers on RH/FP issues at the regular annual conferences of the association. During the annual meetings of the association Pathfinder participates by presenting results of studies and operational researches that are carried out in the program and use the opportunity to disseminate the information and its contribution in the area of RH/FP.
- **Annual review meeting on Health Sector Development Plan (HSDP):** Pathfinder participated in the annual review meetings organized by the FMOH on the Ethiopian HSDP. , and hence actively participated during each annual meeting during the project period. This opportunity helped PI/E in directing its program in relation to the MOH HSDP program.
- **Sensitization training to journalists:** Journalists from members of print and electronic media of national and regional information and press bureaus were provided concept and skills training on population issues. The aim of the training was equipping journalists with RH relevant information and skills to help create effective work plans, programs and messages on RH/FP.
- **Advocacy capacity building training to women parliamentarians:** Pathfinder provided technical assistance to women parliamentarians working on community advocacy at the woreda level to stop the incidence of fistula in the Amhara region. This opportunity helped to strengthen the project's support to the public sector and to strengthen collaboration in the fight against gender based violence and HTPs.
- **Network of Ethiopian Women's Organizations (NEWA) strategic plan development:** Pathfinder provided expert advice and technical support to NEWA in developing their organizational strategic plan. The workshop provided mutual benefit to Pathfinder and NEWA as it is an umbrella organization of local NGOs working on gender programs and collaborating will magnify the effort to address gender issues in Ethiopia.
- **Quarterly Newsletter:** Pathfinder has been producing and distributing a quarterly newsletter called "YEBETESSEB MELA" (an Amharic phrase meaning "wisdom of families:). The news letter helped PI/E to advocate on important issues that are related to its programs. Provide examples of interesting topics and resultant actions.
- **Film production for advocacy:** Pathfinder produced a documentary film entitled "Beyond the Limit", which illustrates the negative consequences of HTPs. The films have been used for advocacy and awareness creation on population and environment and on the effects of HTPs at various levels in the country.

- **Advocacy through exposure visits:** PI/E arranged an exposure visit for Parliamentarians, regional officials and religious leaders to different countries such as Egypt, Tunisia, Iran, etc. to visit the population and RH/FP programs of those countries and share experiences so that they can get some input to give due consideration for RH/FP issues in while working in their respective positions.

Recent International Study Tours Sponsored by Pathfinder-Ethiopia

Name and Location	Dates	Organizations/Participants Attending
Experience Sharing Visit to Egypt, <i>Cairo, Egypt</i>	26 August – 2 September, 2003	Ethiopian Orthodox Church Development, Members of Parliament, Ethiopian Islamic Affairs Supreme Council, Pathfinder
Experience Sharing Visit to Mozambique Adolescent and Youth Reproductive Health Program, <i>Maputo, Mozambique</i>	2-9 May, 2006	Ministry of Youth and Sports, National Office of Population, Ministry of Health, Ministry of Women’s Affairs, Ministry of Education, CORHA, Tigray Youth Association, Nesebrak Youth Association, Egna Legna Youth Association, Pathfinder
Study Tour for Ethiopian Government Officials, <i>Tehran, Iran</i>	20-29 May, 2006	Addis Ababa Islamic Affairs Higher Council, Oromia Islamic Affairs Higher Council, Amhara Islamic Affairs Higher Council, SNNPR Islamic Affairs Higher Council, Imam of Mosque Oromia, Pathfinder
The Africa Regional Forum on Youth Reproductive Health and HIV, <i>Dar es Salaam, Tanzania</i>	6-9 June, 2006	Tigray Youth Association, Pathfinder
Experience Sharing on Population Programs of the Republic of Tunisia, <i>Tunis, Tunisia</i>	4-11 June, 2006 9-15 June, 2007	Amhara Regional Council Members, Pathfinder
Experience Sharing Trip, <i>Egypt</i>	7-19 June, 2007	Oromia Region High Government Officials, Pathfinder

5. Lessons Learned

High Demand for Long Acting Family Planning Methods: With the growing acceptance of FP, there has been a shift in client preference from non-clinical methods to long acting ones. . To meet demand, Pathfinder committed to expanding availability of long acting methods. Through a unique service-based training model, Pathfinder conducted wide-scale training of providers in Norplant and IUCD insertion and removal. Training was held in rural communities where demand was high. Clients were identified by CBRHAs through their outreach efforts and were instructed on the training site to go for methods. They received additional counseling and their long acting method of choice, provided by a newly-trained providers under the guidance of

an experienced trainer. The high client load, hands-on instruction, and quality service delivery approach met the needs of providers and clients alike.

Woreda Advisory Committee (WAC): The success of a program depends not only on its technical expertise, but also on its strategies in creating a positive program environment. Among others, establishment of WACs has helped in creating not only the anticipated supportive environment but also for ensuring program harmony and ownership at the community and woreda levels. It has been in the best interest of all stakeholders that WACs be strengthened and extend their service to support all health related and other woreda and community level development initiatives.

CBRHAs' contribution and credibility: as important members of the community have been playing great role in reaching the rural and under served community with RH/FP information and education, encouraging the use of family planning and also creating access to the service in areas they operate. Guided by the regular trainings they get and the teaching aids they are supplied with, CBRHAs are the primary sources of counseling and information to their community. As most of them are themselves current users of family planning they motivate acceptance of FP service by giving their experience and the benefits they get as an example. In addition, CBRHAs due to the credibility and acceptance they have in the community they serve as an entry to health extension workers who are usually unfamiliar to the areas of their placement. Apart from their service to the community they have gained social influence and respect even from the influential members of the community such as religious and community leaders, local chiefs and others as they are considered as change agents in the community.

Building capacity of public health sector and strengthening the referral linkage with community based program: Apart from the limited number of health facilities in most rural areas of the country, even those available are not in a position to deliver proper and quality of RH/FP service due to lack of equipments, space and trained health professionals. The effort made by Pathfinder to upgrade the dilapidated FP/MCH units of facilities, provision of medical kits and furniture and training of service providers has increased the availability of range of service provided and improved the quality of the service. Together with the strong referral linkage created between CBRHAs and facility service providers, the number of clients shifting to clinical FP methods has increased.

The private sector initiative: This is an approach whereby private clinic service providers are trained in the provision of quality RH/FP service and also supplied with contraceptive commodities. It has greatly contributed in diversifying the outlets of RH/FP information and service especially in the urban settings where most people prefer to go to private facilities than the public ones for health care service.

6. Conclusion

Pathfinder has clearly met, and has frequently exceeded the objectives of this project (see the attached matrix). Considering the current administrative structures, over 300 Woredas and more than 6,000 Kebles were covered by the project. About 10,000 CBRHAs, 255 market place agents, 29 work place agents, and 130 depot holders were trained and deployed for community level RH/FP activities during the project period.

A total of 3.7 million new clients were served and 3.3 million CYPs generated. The Ethiopian DHS showed that any modern contraceptive prevalence rate among currently married women increased by more than twofold, that is, it was increased from 6.3% in 2000 to 13.9% in 2005. This was considered to be a dramatic change by USAID. It is highly likely that the USAID sponsored RH/FP Project contributed a lot for the increase in the use of modern family planning methods and services in the country because of the sheer number of woredas covered. However Pathfinder would also like to acknowledge the contributions made in this area by the Public service itself and other donors and organizations working outside the Pathfinder implemented project. A total of 6.6 million children and 2.2 million mothers referred by CBRHAs and received health service during the project period.

Several types of capacity building activities such as technical trainings, provision of equipments, upgrading/renovation of health facilities and system capacity support were provided in order to strengthen the health sector at various levels in the country.

Facility Strengthening through Provision of Equipment



As part of its efforts in improving quality of RH/FP services delivery, PI-E has been implementing facility strengthening activities in the four focus regions; Amhara, Oromia, SNNP and Tigray, and recently in Benishangul Gumuz region as well. PI-E purchased and distributed RH/FP medical equipment and instruments for the purpose of improving quality of care in maternal and child health care services and in family planning service deliveries.

In order to address gender issues, PI/E integrated the ‘Women and Girls empowerment project’ funded by Packard foundation with the RH/FP Project and performed pertinent activities that have a major role for the improvement of the life of women and Girls. Among others, PI/E played a pioneer role in the production and proclamation of legislation against female genital cutting, conciliation of early marriage, provision of repair services to women and girls with fistula as explained in this report.

With respect to cost share, PI/E delivered its commitment by contributing a total amount of USD 7.1 million for the RH/FP Project from different sources. Out of the total cost share, IPOs were able to contribute in-kind support to the project activities evaluated at (USD 1.5 million). Packard Foundation’s support over the last five years amounted to (USD 3.9 million). In addition Pathfinder was also able to raise additional funds (4.4 million USD over three-years) from the Swedish International Development Agency to expand its woreda coverage and offer access to RH/FP and HIV/AIDS related education and services to more people of the country.

In conclusion, Pathfinder surely believes that it has successfully delivered its commitments for the RH/FP Project. Pathfinder will continue sustaining and in fact re-doubling its efforts in supporting the health sector in Ethiopia, and in particular in delivering quality RH/FP and MNCH services for the country through different new and improved approaches in the coming years.

Partnership for improving services at Midhega Clinic-East Hararghe



Front View of Midhega Clinic before the Renovation



Side View before Renovation

Midhega clinic is one of the busiest clinics found in the Midhega woreda of East Hararghe Zone of Oromia region. The clinic was constructed through local materials long ago to provide services for the needy clients of the area which are frequently affected by malaria and other easily preventable communicable diseases. When PI-E started partnership with East Hararghe zonal health department and visited Midhega for initiating CBRH program, the old building (*see picture above*) of the clinic which was almost falling down was identified as one of the priority areas for action. Based on the identified priority a partnership was created between Pathfinder, the Zonal Health Department, the woreda health office and the community to renovate the Midhega clinic. The community right away started the contribution of local materials such as sand, stone, wood and promised to contribute labor during the actual renovation process. PI-E and the Zonal and Woreda Health offices contributed the remaining cost for industrial materials and skilled labor cost. Today Midhega clinic is completely different from the one six months back as shown in the picture and the surrounding community will get services in a better building and the quality of the services will certainly improve dramatically. In addition to the renovation, Midhega clinic benefited from the medical equipment distribution to the Oromia region which was donated by USAID financial support through Pathfinder International-Ethiopia. This partnership among different stakeholders clearly showed the possibility of improving health services dramatically and reaching the rural remote populations such as the ones from Midhega.



Front side view of Midhega clinic after renovation



Back and side view after renovation

7. Matrix analysis of Pland Vs Achievements

Targets were set at the outset of the RH/FP Project for some selected indicators of achievements. The following matrix presents planned Vs achievements of the indicators set at the onset of the project.

Indicators:	Baseline	End of 5 years	Achievements	Data Source	% achievement	Remarks
Outcome 1. Health of families at the rural level improved, especially in the three focus regions						
Strengthen integration of MCH and Child Survival services into FP/RH subprojects						
% of children fully immunized (both DPT3 and measles)	12	30	17	EDHS 2000 & 2005	56.7	
% of children with wt for age < 2 standard deviation	47.2	35	36	EDHS 2000 & 2005	102.9	
% women with BMI < 18.5%	30.1	20	27	EDHS 2000 & 2005	132.5	
Children Referred & received health care	-	4,044,418	6,644,466	IPO reports	164.3	
Mothers Referred & received health care	-	2,134,347	2,242,889	IPO reports	105.1	
Expand the Capacity and Improve the Quality of Antenatal Care, Safe Delivery, and Postnatal Care						
% of women using ANC	26.7	40	28	EDHS 2000 & 2005	70.0	
% deliveries attended by health professionals	5.6	20	6	EDHS 2000 & 2005	30.0	
% of Women attending health facilities for PNC	8	30	5	EDHS 2000 &	16.7	

				2005		
Promote IEC/BCC efforts within the community setting through participation on National Task Forces						
Number of joint IEC/BCC support interventions at national level	-	-	3	PI-E reports	-	Included here are: The development of Communication strategy, M&E guideline development for HEC/MOH, the development of harmonized messages with JHU/CCP
Persons educated on Family Health	-	6,899,900	38,816,040	IPO reports	562.6	It can be considered as number of contacts.
Participate in advocacy efforts to improve environments for maternal and neonatal program						
Improvement in RH/FP score	48	-	-	Policy Project report, 1999	-	No available data
Outcome 2. Contraceptive prevalence rate increased, especially in the three focus regions						
Support community based RH/FP services						
Number of new FP clients	300,000	2,671,576	3,698,165	IPO reports	138.4	
Number of CYPs generated	300,000	2,402,970	3,344,434	IPO reports	139.2	
% of women using contraceptives (Any Method)	Amhara =7.5	17	Amhara =16.1	EDHS 2000 & 2005	94.7	
	Oromia = 6.6	17	Oromia = 13.6	EDHS 2000 & 2005	80.0	
	SNNPR= 6.4	17	SNNPR= 11.9	EDHS 2000 & 2005	70.0	

	Tigray = 10.2	17	Tigray = 16.5	EDHS 2000 & 2005	97.1	
Number of health facilities renovated and equipped	69	285	167	IPO reports	58.6	
Number and type of approaches used :						
Clinic/Health facilities	160	325	2,297	IPO reports	706.8	Estimated by referral health facilities
CBRH agents	2000	7,933	10,112		127.5	
Workplace	7	31	29		93.5	
Marketplace	7	163	255		156.4	
Depot Holder	0	-	130		-	
Outreach	0	-	2,297		-	Outreach is estimated by referral health facilities
# of community level workers	3300	9,000	10,526	IPO reports	117.0	Estimated by number of CBRHAs, WP& MP agents and Depot Holder
Client-focused IE/BCC						
Number of persons/community members involved in IE/BCC discussions on RH/FP						
Adults (25 years and older)	8,000,000	-	38,816,040	IPO reports	-	It can be considered as number of contacts. Indicator subjected to double counting as it is difficult to screen out those persons that were reached more than one during the project period.
Adolescents/Youth (10-24 Years old)			25,275,416	IPO reports		
IE/BCC materials produced by type:						
Leaflets		12	19	IPO & PI/E	141.7	

Posters		12	13	reports	91.7	
Provide FP/RH services to underserved vulnerable groups						
Number of adolescents served	-	-	82,760	IPO reports	-	FP, counseling, VCT, educational messages (contacts) are some of the type of services provided at the YFS centers
Number of ARH clubs established	110	300	305	IPO reports	101.7	
Outcome 3. HIV/AIDS prevented, especially in the three focus regions						
Strengthen community-based STI/HIV/AIDS prevention, care, and support activities						
% of men using condoms in their last sexual intercourse with non-cohabiting partner	30.3	45	51.7	EDHS 2000 & 2005	114.9	
Number of condoms distributed	-	-	45,896,849	IPO reports	-	
Number of persons educated	-	-	35,414,130	IPO reports	-	
Number of AIDS patients given HBC by trained providers	100	2,500	2,139	IPO reports	85.6	Activity performed only in the first two years of the project period
Number of orphans supported	250	1,000	3,151	IPO reports	315.1	Activity performed only in the first two years of the project period
STI/HIV/AIDS integration						
Number of persons referred for STI treatment	7,500	23,500	194,809	IPO reports	829.0	
Number of persons referred for VCT services	0	25,000	318,459	IPO reports	1273.8	
Support livelihood skills training						

Number of CSWs trained	-	-	75	IPO reports	-	Activity performed only for the first two years of the project period
Number of adolescents trained	-	-	0	IPO reports	-	Activity not performed during the first two years of the project period and dropped out after words
Pilot testing of community-based DOTS						
Number of IPOs participating in DOTS piloting	0	N/A	N/A	IPO reports	-	Pathfinder shared its experience on community based services for FMOH in a workshop as a mechanism of starting this activity but FMOH didn't decide on it. In addition it is not allowed to provide service outside of health facilities by principle of FMOH
Number of TB cases under DOTS supervised by community level workers	0	N/A	N/A	IPO reports	-	
Outcome 4. Post abortion care enhanced						
Provide Post abortion care (PAC)						
Number of health care facilities providing PAC	4	65	316	IPO reports	486.2	
Number of Post abortion care services provided	0	21,373	37,718	IPO Reports	176.5	
Outcome 5. Improved quality of RH service systems						
Strengthen provider competence						
Health facilities Upgraded		150	167	PIE Report	111.3	
Number of RH service providers trained						
<ul style="list-style-type: none"> Community-based workers (CBRH, MPRH, peer promoters, HBC providers etc.) 	3,330	9,000	10,112	IPO reports	112.4	

• Clinical providers	3,330	1,546	2,300	IPO reports	148.8	In addition 1,014 health workers attended TOT on clinical service provision
• Management personnel	533	1,180	1,457	IPO reports	123.5	
• Orientation	4,761	10,500	More than the target	IPO reports		
Strengthen trainer competency and institutional training capability						
Number of people trained as trainers	153	380	452	IPO reports	118.9	
Ensure standards of practice in training and service delivery						
Training materials service standards updated and reviewed	10	15	25	IPO reports, PI/E reports	166.7	
Number of referral clinics with full range of methods provided	50	120	2,297	IPO reports	1914.2	Estimated by referral health facilities
Strengthen integrated supervision (IS)						
IS tools and materials adapted	0	1	1	IPO & PI/E reports	100.0	
Number of IPOs implementing IS	0	20	13	IPO reports	65.0	
Number of people trained in IE/BCC TOT	0	50	102	JHU reports	204.0	
% of SDPs reporting commodity stock out during the quarter	-	-	-	IPO reports	-	No stock out was reported in the project implementation areas.
Outcome 6. Woreda, zonal, and regional capacity to develop, manage, and implement community-based services enhanced						
Promote participation and consultation with						

beneficiary communities						
Number of woreda health offices including FP/RH services in their plans	42	247	300	IPO reports Rapid survey	121.5	Using current woreda administrative structure, a minimum of 300 include in their plan.
Number of kebeles agreeing to have CBRH agents work in their community by region	2,000	6,000	6,315	IPO reports	105.3	
Number of MOH health facilities connected with WAN	11	30	-	IPO reports	-	12 FMOH and RHB staffs trained on WAN, server and related equipments were bought and supplied to FMOH and Oromia RHB for testing, but FMOH and RHB didn't decide to scale up to health facilities

Outcome 7. Community capacity to develop and manage community-based health services improved

Capacity strengthening						
Number of PACs/WACs (project/Woreda advisory committees) by woreda	42	247	200	IPO reports	81.0	
Annual joint planning and monitoring at woreda level	0	258	200	IPO reports	77.5	Estimated by those Woredas who have functional WAC
Strengthen managerial and technical capacity of the umbrella organization, CORHA						
Increase in number of CORHA membership	52	65	91	COFAP reports	140.0	
Number of experience sharing visits held	2	-	4	COFAP reports	-	One per year for the last for years of the project period
Number of IPOs receiving technical support in systems development (e.g. M&E,	-	-	46	COFAP reports	-	

MIS, IS)						
Strengthening managerial and technical capacity of implementing partner organizations:						
Number of IPOs supported for strategic planning	2	6	16	IPO reports	266.7	
Number of IPOs introducing sustainability scheme	2	10	-	IPO reports	-	FP service is free of charge by the principle of MOH and hence difficult to introduce fee for service scheme
Improve cost effectiveness and financial sustainability of IPOs:						
National cost-recovery committee established	0	1	-	PI-E reports	-	FP service is free of charge by the principle of MOH and hence difficult to introduce fee for service scheme
Number of IPOs initiating cost recovery scheme	1	5	-	IPO reports	-	FP service is free of charge by the principle of MOH and hence difficult to introduce fee for service scheme
IPOs introducing depot holder	0	-	4	IPO reports	-	Three IPOs (EKHC, EECMY/SCS, AHA, EAID) introduced Depot Holder as cost-effective strategy and deployed a total of 130 depot holders in the country
Outcome 8. Gender issues and harmful traditional practices addressed						
% Under five year female children circumcised	65	50	-	EDHS	-	Percentage of women circumcised decreased from 79.9 in 2000 to 74.3 in 2005. Data not available for under five year female children circumcised in 2005

Participate/support advocacy efforts (campaigns, workshops) carried out against women trafficking	0	4	68	PI-E reports	1700.0	
% of women in professional positions in PI/E offices	25	40	35	PI/E reports	87.5	
Legislation against female genital cutting passed		1	1	NCTPE report	100.0	
Community members and Major Target Groups sensitized on Gender issues and family planning/RH	-	28,057	3,717,282	IPO reports	13249.0	
Community members & major target groups informed on HTPs	-	7,794,844	10,749,113	IPO reports	137.9	
Girls Higher education supported	-	15	112	IPO reports	746.7	
Skills training for women		135	2,450	IPO reports	1814.8	Performed using matching fund from Packard Foundation. In addition, revolving fund strategy also helped to reach more women